

Tuttle (G. T.)

**Two Days at Gheel.**

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## TWO DAYS AT GHEEL.

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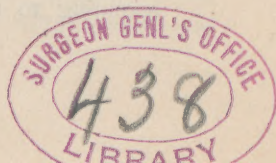
By GEORGE T. TUTTLE, M.D.,

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There is no authentic account of the establishment of a colony of the insane at Gheel. The tradition, with some slight variation, is as follows: An Irish princess, Dymphna by name, who had become a Christian, fled from her home to escape the persecution of an unnatural father and in her wanderings came to Gheel. The father, having discovered her hiding place, killed her with his own hand on the 15th day of May in the year 600. An insane person witnessing this act was suddenly restored to reason, and hence arose the belief that St. Dymphna, as she was afterwards called, wrought miraculous cures of the insane. A shrine was erected on the spot where she was beheaded, (one is there at the present day), and in the year 1340 a memorial church was completed. It stands in the immediate vicinity. It thus early became the custom to take the insane to St. Dymphna's shrine to be healed of their infirmities; and, after the erection of the church, a small building near it was devoted to their accommodation.

The treatment was rational and based on their idea of the pathology. The insane were believed to be possessed of devils, which were to be cast out by prayer and other religious ceremonies. The priests prayed over them, and several times each day for nine successive days they were marched around in procession outside and inside the church, and each time they passed the cenotaph, supposed to contain the body of the Saint, they crawled under it; if they were too sick, perhaps too excited, some boy was hired to crawl for them; the well-worn stones attested the frequency of this act. If the first nine days did not work a cure, the ceremonies were continued for nine more. No doubt many were restored to health. It only shows that the "mind cure," "faith cure," "Christian science," or whatever one chooses to call it, is no new thing.



As the numbers increased it became necessary to lodge them in the neighboring houses; and after the Reformation, with the decline in the observance of the religious ceremonies, they were placed further and further from the church, in the village, in the neighboring hamlets and in the country, till finally they became scattered over the whole commune. Thus has grown up, during the past twelve or thirteen hundred years, a race of people accustomed to the presence of the insane in their midst and to their care.

The commune of Gheel, situated on the railroad, about twenty-eight miles south-east of Antwerp, is a fertile spot in the midst of a barren tract, ten or eleven miles long by eight or nine wide, with its chief village near the centre. In the summer of 1889 it had a sane population of about ten thousand, and scattered among them were seventeen hundred insane; of these, nine hundred were in the village, which had a population of five thousand. Formerly before there was any efficient supervision, their condition was unfortunate; it was practically that of serfdom, and early in the present century it was thought necessary by the cities that sent their insane to Gheel to send also some one to look after their interests and protect them from abuse. By a process of evolution it has come about that Gheel is now an asylum of the Belgian government. This became an actual fact in 1851, when Dr. Parigot was appointed the first superintendent or medical inspector; after him came Dr. Bulckens; and then, in 1875, the present incumbent, Dr. Peeters.

Commitment to this asylum requires an application by some responsible person for the admission of the patient, and with it, except in one form of application, the certificate of a physician not connected with the asylum, signed within two weeks of admission. Cases of emergency may be received without the medical certificate, which must be furnished within twenty-four hours.

The administrative organization is as follows:—a superior commission, which meets quarterly, has general oversight of the interests of the colony, and constitutes the board of final appeal; the permanent committee, composed of the burgomaster of the village, two principal citizens and three physicians, which meets each week and has the immediate charge of affairs; the medical inspector; four assistant physicians; six *gardes de section*, or supervisors, each of whom has one-sixth of the commune to oversee; and last, the *hôte* or *nourricier*, in whose family the insane person is placed. It will be seen that the organization is similar to that of the McLean Asylum, the superior commission corresponding to the corporation, the permanent committee to the



board of trustees, the medical inspector to the superintendent, the *gardes de section* to the supervisors, and the *hôte* and *nourricier* to the nurses. In the village is an infirmary, or closed asylum, with accommodations for eighty patients. Thus Gheel is a regularly organized asylum where the cottage system is carried out to the fullest extent.

During a stay of two days and a half I visited the Infirmary, twenty-seven houses in the main village and eighteen farms, having for a guide a *garde de section* of many years' experience and a patient for an interpreter.

All pauper, and occasionally paying, patients are received at the Infirmary for observation before being placed in families. This most necessary part of the Gheel system, opened in 1862, is situated on the outskirts of the village. At the time of my visit, July, 1889, it contained sixty-two patients, thirty-one of each sex. It is built of brick with a tile roof and presents a very neat appearance. It serves as a place of observation for new patients, as a receptacle for those who become for any reason temporarily unfit for family care, as a hospital for patients with acute diseases who require special nursing, and as a place of restraint and punishment for those who try to escape.

The main building is of two stories, all others are of one. The male and female departments have a similar construction, and are well arranged for the classification of patients. The ground floor is devoted to day rooms, kitchen and dining-rooms, and administrative purposes generally. The second story is divided into dormitories of from six to twelve beds, with two rooms on each side for first class or paying patients, and there is a small chapel in the centre. The floors of the rooms, except of those for paying patients, are unpainted. The rooms are plainly but neatly furnished, — iron bedsteads with curtains, white spreads, rugs on the floor, chairs and wash-stands. There is a "night-chair" in each dormitory containing a large iron pail with a little water in it.

The building running back in the centre, at right angles to the main building, has a dining-room at one end, a day room at the other, with bathrooms and two sleeping rooms between. Back of this building is another, containing a row of seven observation cells, and in the end an infirmary ward of twelve beds. These observation cells are very strong rooms with a corridor on each side; doors opening into one and windows, protected by ornamental iron-work, into the other. They contain no furniture except wooden bedsteads and a set stool in the corner, and are heated by hot-water pipes which run along the corridor under the

windows; all other parts of the Infirmary are heated by stoves. The infirmary wards are furnished with iron bedsteads, which have reservoirs at the bottom made of zinc, into which a vessel slides at the side. The mattress is made in three parts. The use of this bed suggests lack of proper attention to helpless patients.

Still further back is a small building of two rooms for very excited patients. There are three airing-courts for each sex. The windows throughout the Infirmary are strongly guarded, the lights are protected with wire netting, and mechanical restraint is freely used. A woman in a strong room of the last section wore a camisole and was fastened to the bed in the following manner:—a strap attached to an armlet above the elbow was fastened near the head of the bed, while the long sleeve of the camisole was carried down and fastened at the side of the bedstead near the foot; she wore anklets, fastened to each side of the bed by straps, and there was a broad linen band across her chest. A man in the infirmary ward, apparently dying, was restrained in the same way.

The women's department, under the care of six nuns or sisters of charity, was scrupulously neat; the men's department was not as clean; there were only three attendants, and they were rough looking and poorly clad; one was smoking a pipe while on duty in the house. There was no nurse in the infirmary ward with the three sick patients. There were no night nurses, but the sisters and attendants slept in the dormitories with the patients. A few of the women were at work in the laundry, but most of the patients had nothing to do, and certainly there was little about the place to interest them. It was bare and cheerless and one could readily believe that they were all anxious to be placed in families.

The permanent board of directors meets at the Infirmary each week and among other matters decides what patients shall be placed in families. The location of pauper patients is made without consulting their friends; while the friends of private patients go about the village with the superintendent and select a boarding place with his advice.

In July, 1889, there were nine hundred and ninety-three families in which patients were received. The man of the house is the responsible person, and is called *hôte*, if he receives a private, and *nourricier* if a pauper patient; he is authorized to care for the insane after having made application in due form.

Most of the insane at Gheel come from Belgium, with a sprinkling of other nationalities; and by far the greater number are poor people. These pauper patients are divided into three classes and pay according to their condition;—“dirty” patients twenty-



four cents a day, "half-dirty" nineteen cents, and "clean" patients seventeen cents. Of these sums the board pays the *nourricier* for the first class nineteen cents, for the second fourteen, and for the third twelve, the balance being retained for expenses of administration. Private patients pay very different sums, from one hundred to a thousand dollars a year, according to accommodations, the board retaining eleven per cent. of the price. Thus sufficient money is obtained to pay the expenses of the Infirmary, which has no fund; the salaries of the physicians and the supervisors, to furnish clothing for the paupers, etc. It is said that after paying the families, the authorities have about twelve thousand dollars for current expenses.

Gheel is a colony of selected cases, indeed twice selected; once by the physicians who send them, and again at the Infirmary by the superintendent. Dr. Peeters complained of the poor judgment of the general practitioner in such matters, and also that the overflow from the closed or ordinary asylums usually consisted of their worst cases of whom they desired to be rid. If after observation of a few days they are found to be unfitted for family life they are sent to one of the closed asylums, as, according to the law, patients cannot be kept at Gheel who require continuous restraint, who are suicidal, homicidal or incendiary, who would be liable to frequent attempts to escape, or whose disease is of such a nature as to disturb the tranquillity of the community or offend public decency. As a rule only two patients are placed in one house and these, always of the same sex, are selected with reference to their mental condition.

The village is about as quiet and uninteresting a place as could well be imagined, — with no commerce, and no manufactories except two breweries, the product of which, considering the number of beer shops, might have been for home consumption. The principal business appeared to be farming, the care of the insane, the sale of wine and beer, with just enough bakers, grocers, shoemakers, tailors, etc., to supply the wants of the people. In the centre of the village is a large, long, open place or common, at one end of which is a church, and around it are arranged some of the principal houses. They are built of brick, covered with cement or plaster, and have steep roofs with the eaves toward the street. Many of them have the appearance of being unoccupied, since no one is seen at the windows, and the blinds are often closed and the front door locked to keep the patients in.

The whole commune is as flat as Holland. From the central square streets run in various directions. In the village they are paved in the centre for a space wide enough to allow the passage

of two carts, while from this, narrow strips of pavement extend to the doors of the houses, suggesting plenty of mud in wet weather.

Mention has been made of the great number of drinking shops. My interpreter of the second day said the patients could go and get beer and wine when they had the money. The authorities feel keenly the disadvantage of having these wine shops in the village, because the patients can get drunk. Quite a number of insane men and a few demented old women could be seen wandering about the streets, but no young or middle-aged women. Many children played about the square at evening, but they paid no disagreeable attention to the insane.

The houses in the village in which pauper patients are boarded are usually of one story; the best of them have a sitting-room, but many of them have only a so-called living-room, in which the family cook, eat, and sometimes sleep, while the patients have small bed-rooms opening from this. All the ground floors are low, laid with tiles and sanded. Everything is crowded into the living-room and dirt is the rule. The patients' rooms usually have whitewashed walls, a brick floor, and, for furniture, a small mat, a wooden bedstead, a chair, and sometimes a table. As a rule the beds are dirty, and covered with a bright-colored spread. However plain or poor the house there is a lace curtain at the small window, which also sometimes has iron or wooden bars.

The woman of the house, and usually the patients also, wear wooden shoes without stockings in the summer, and their feet and legs are very dirty. It must be said, however, that the patients get the best the house affords and appear contented, though for that matter many are so demented that they would not know one place from another; as for the more intelligent, they are doubtless accustomed to nothing better at home.

The first house visited in the village contained two insane women, whose rooms up a steep flight of stairs were perhaps eight by ten feet in size. One patient of middle age, her face covered with a handkerchief, was lying on the outside of her bed and would not speak. The room with its furniture was of the plainest sort and was not at all attractive. Besides the bedstead there were a low table, a low chair, and at the foot of the bed a bundle, possibly of clothing. The prospect from the window was the back yard of the house. The other patient, in a similar room, was an old woman with granular lids, who was very talkative and demented.

In a one-story house, I found two women, — one middle-aged, the other old, both demented. They were in the back yard with



some of the family, where the woman of the house was washing clothes; the old woman was taking care of a baby. The house had but one living-room and the small rooms for the patients were off the back side; everything was squalid. This house and the next, in which also there were two women, had a back yard in common, so that there were practically four patients in one house. One of them, quite an intelligent young woman, was doing some washing in company with the first-mentioned family; the other, a woman of middle age, was in her room upstairs; she had been there only a short time and said she preferred it to the asylum. The stairs in all these houses are so steep that one cannot go up except by holding on to a rope, which hangs beside them; they are more like ladders than stairs.

In the next house were two women, one middle-aged, the other older. The latter showed me her room and that of her companion, upstairs in the end of the house, with a slanting ceiling on one side. The rooms had a bad odor, and were not clean. In a poor house were two idiotic women, one eighteen years of age, the other thirty-four. They had each been several years in the village, and had small back rooms with wooden bars to the windows. The younger woman was sitting in a chair with a wooden bar across the arms of the chair in front of her; they were both in the living-room with the family.

In a hovel off the main street were two women; one, an epileptic thirty-five years old, was seated at the table with the family; the other, an idiot, was in the corner by the door. The rooms of the patients were dirty, and the beds absolutely filthy; they consisted of loose straw with a three-part straw bed over it. The only dish for their dinner was a sort of vegetable soup.

In another house were two women, thirty-two and forty-one years of age; one epileptic and both thoroughly demented. They were restrained in chairs with cross-bars in front of them. In another house were two women, one thirty-two and the other twenty-four years of age; the latter was in her third place. The first room at the left of the entrance was used as a shop where needles, thread and other small articles were sold; opposite this was a sort of sewing room with a machine in it; this room had the luxury of a board floor. The older patient was working here; the younger was in her room up stairs; she was considerably excited and noisy, and tried to hold the door against the mistress of the house and my guide. Both patients' rooms were very small and it was necessary to pass through one to enter the other, the ventilation of which was so poor that the air was well nigh intolerable.

In a small, poor house, the front room of which was apparently a shop where some pork was lying around on tables, was a man seventy years of age, who paid one hundred dollars a year. His room was in the attic, and the small window was guarded by iron bars; the floor was bare and the room was dirty; one had to go through the bedroom of the family to reach it. In another small house was a man at work cobbling. It is the custom so to assign patients that they can work at their trade if they have one. A visit was then paid to an old woman who had her room filled with all sorts of gimcracks, which she exhibited with great satisfaction. She soon produced a money box for contributions, from which one would infer that it was the practice to take strangers to her.

The visit to the country was made in a primitive sort of two-wheeled cart, which could boast of nothing in the way of springs, over roads that, even in summer, allowed only a slow trot, and which at certain seasons must be well nigh impassable. The people are farmers in a small way, having a few acres of land which they own or hire, and most of them take insane patients as an additional means of livelihood. Their cottages are long and narrow, of one story, with a thatched roof; the people live in one end and the cows, calves, sheep and goats in the other. The floors are laid with large, square brick or tiles, and sanded; there is always a fireplace set between the main room and the cow-house, eight or ten feet wide, where they burn peat and cook provisions for the family and the cows. There were no apparent means of heating the rooms except this one fireplace, though my guide said that stoves were set up in winter. Food for the cows is cooked in large kettles that can be run out on an iron over-head track to the cowhouse, which is next to the living-room; they take great care of their cows, which, as may be seen, are members of the family. The living-room, into which one enters directly from out of doors, serves for kitchen, dining-room, sitting-room and sometimes bedroom, though the more prosperous farmer has a separate bedroom and sitting-room. Around the walls on shelves are arranged dishes and cooking utensils and there is a good clock.

The rooms for patients are generally in the end farthest from the cows. The floor is of brick laid in cement and sanded; the walls are whitewashed in pale blue; a small window, perhaps of four panes of glass, sometimes guarded with wooden or iron bars, has the inevitable coarse lace curtain, while a wooden bedstead, straw bed, only fairly clean bedding with a bright-colored quilt, a small husk mat on the floor beside the bed, a chair and



rarely a small table, complete the furniture of the room. There are no means of heating except through the other rooms. These cottages are smoky, dirty, damp and cheerless, and in their cold winters must be uncomfortable dwellings.

In the first house visited there were, by special permission, three women, sixty-six, sixty and forty-two years of age, respectively, all considerably demented, poorly clad, dirty and unkempt. The first had been in the colony twenty years, the second thirty-one years and the third two years. Their small rooms had wooden bars to the windows. These wooden bars, so frequently seen, are hardly strong enough to prevent a determined effort to escape. Seven cows, a calf and a goat were in the room next the living-room with but a thin door between. There was a bed in the living-room.

In the next house were two women, both old and demented; one had been there since 1863 and the other, who was seventy-five years old, since 1867. The cow-house opened from the living-room as usual, and in it were seven cows and five calves. The hostess took great pride in showing her establishment, especially the cows. The two men at the next house were working and were not seen. Their rooms were so arranged that the entrance to one was through the other. In the fourth house were two men, one of whom was sixty years of age and had been in Gheel for twenty-four years; this was his second place; the other had been in the colony nine years and had also made one move. My interpreter said a change in the boarding place was made if either the patient or the family was dissatisfied. One must be allowed the privilege of doubting whether the wishes of the pauper patients are respected in such matters. Wine and beer were sold in the kitchen.

Soon after leaving this house we met a man, evidently demented and considerably excited, who was running away; a woman was holding on to him and trying to induce him to go back, among other blandishments taking his cap off and putting it on her own head. As we came up to them my guide said something to the woman, perhaps telling her to let him alone not wanting me to see a struggle, for she did so, but looked as if she thought it was a strange proceeding, while the man started off at a rattling pace up the road. After a moment of irresolution, looking first at us and then at the man who was making good time, she clattered after him in her wooden shoes. These women, who work in the fields, are quite a match for most men, and they are not prevented from using their strength by any ideas of false delicacy or propriety.

In the next house were two female patients, one past middle age a paralytic, the other epileptic and demented. In the next house, which was a new one belonging to a young couple who had two small children, were two young women, one an epileptic; one was rocking a baby and the other was assisting in the housework. In the seventh house was an idiotic woman, and an epileptic girl of ten years; the latter paid eighty dollars a year and slept in a small bed in the living-room beside the woman of the house.

In the next cottage were two women; one, thirty-nine years of age, very quiet, was taking care of the children, and the other, fifty-one, had been at work in the fields and had come in because of a shower; she was somewhat excited, singing and making herself generally disagreeable. There were five cows and two calves in the next room. The hostess, thirty-seven years old, had thirteen living children, the oldest being seventeen years of age. This place was particularly dirty; the rain came in under the door and made large puddles on the floor, which was taken as a matter of course.

At the next house were two men who had been at Gheel for over thirty years. The table was set; the food was brown bread spread with curd, and a brown-colored liquid which answered for coffee; nothing else. The woman of the house was sick in bed from a recent confinement, and out of her room, which was both sitting-room and bedroom, opened both the rooms of the patients. The next place was a small farm of about two and a half acres, which supported three cows, two calves, a demented man who had been there nine years, and an idiotic boy of fourteen, who had made five changes in six years. The rooms were of the usual size and the windows had only four small panes of glass. In the fifteenth house a woman, blind and paralytic, was seated in a chair with a cross-bar in front of her; she was about seventy years of age. There were iron bars to the window of her room.

The seventeenth was a rather larger house; the living-room was a beer shop. Two young men were there; one was very talkative and made considerable disturbance; perhaps for this reason he had twice changed his boarding place; the other was demented and quiet. The last house was in the hamlet of Steelen and contained two private patients, at a yearly rate of eighty dollars. One, who was fifty-one years of age, was in his eighth place since 1870; he spoke a little English, and managed to tell me he did not know why his boarding place had been changed; his room was in the attic. The other was fifty-five years of age and in his fourth place since 1875. He was excited, in his room,



and would not allow the door to be opened. Mention of the other cottages visited is omitted, as it would be practically a repetition of what has already been said.

Paying patients are lodged chiefly in the village. A little way up the street from the Infirmary, in a very good house, with an agreeable hostess, was a melancholy Englishman, who would not speak. He was a case of circular insanity and was in a period of depression. He had a large corner room, and paid six hundred dollars yearly. One would expect him to commit suicide, as there was no appearance of careful watching. In the room above him was a happy Frenchman, who was amusing himself with photography. His room was in ideal confusion; the bed was not well made, and lying around on the chairs and floor were books, papers, dirty clothes, etc.

In a small brick house of two stories was a hostess, who spoke English; she had two old women, one of whom was ninety-four years of age, who came from Holland and had been sixty years in the colony; the other was a dement from Brussels, who spent her time in counting her money. Their rooms, up the usual steep flight of stairs, were of good size and very neat and clean; there was an extra bed in the old lady's room for the nurse. The hostess had relatives in the United States and talked with me very freely, though she was thoroughly loyal to the colony. She explained the system of receiving and boarding out patients, the rates paid the family and the sums retained by the board, very fully and correctly. She said the doctors visited curable cases once a week and chronic cases once a month; that restraint had not been allowed for many years; that patients were given liberty according to their condition, which was decided by the doctor; that some were not allowed to go out at all, while others walked with the family, and some went about the village by themselves; that occasionally they did try to escape and in such a case notice was given at the Infirmary, and the *garde de section* looked them up and they were then returned to the Infirmary; that some one was always at the railroad station to see that no patient went away on the train, and there was no place for them to go to except into the country where, as a matter of common interest, everybody was on the watch to catch and return them; that occasionally there was a suicide, but if a patient was known to be suicidal he was not even kept in the Infirmary, but was sent at once to another asylum; that patients often got excited, but the families were accustomed to it and returns to the Infirmary for this cause were not at all frequent; and that patients were not allowed in the beer shops of the village.

In a comparatively new house of two stories were two young men twenty and twenty-two years of age, who had been there three and five years respectively, and who paid one hundred and sixty and one hundred and eighty dollars a year, the one paying the smaller sum occupying a room in the attic. The chambers had bare white walls and unpainted floors with a two-ply rug by the bed. The hostess kept a dry goods shop on the lower floor, and on this floor were two comfortable sitting-rooms, in one of which was a piano. Both the patients were out, and it was said that they could go where they liked in such a way that my inference was that all patients had not this privilege.

In a bakery, opposite the church of St. Dymphna, were two boys fifteen and nineteen years of age. The former, who was out of doors, had been there but a short time; the latter, something over two years. They both paid two hundred and forty dollars. The older youth was working in the bakery; he came when called, dressed in baker's cap and apron, and had evidently been working in earnest. He was good-looking and quite intelligent, but did not seem in good humor, and made some remarks, for which the hostess and my guide remonstrated with him. The patients' rooms were of moderate size, with papered walls, fairly well furnished and with the usual two-ply rug on the floor.

In one of the better houses of the village I found a woman forty-five years of age, who had been in a closed asylum for twelve years before coming to Gheel. At the time of my visit she was occupied in knitting. She was evidently considerably demented, and the hostess said she was sometimes excited. There were strong iron bars to the windows of her room, which was up one flight, of small size, with papered walls, and a poor, thin rug on the unpainted floor. The ground floor was divided into a shop, two sitting-rooms, in one of which was a piano, a dining-room, and kitchen. The home of my interpreter of the second day, and an English dement, was one of the better houses of the village. One paid three hundred, the other three hundred and sixty dollars. Both rooms were large and quite well furnished. By day they lived with the family below.

In a house of fair appearance were two women: one, past middle age, was in the kitchen holding the baby; the other, an English woman of perhaps thirty-five years, was in the sitting-room; she was said to be quite an accomplished musician. She said she had been in the village seven years; that she came for a few months only, and would like to go back to England; that as regarded liberty she could go to church alone, to be sure, but she found the life monotonous; that the house was smaller than she



was accustomed to live in and the piano was very poor. She was considerably demented, and talked rapidly and in a low tone. Her rate was one hundred and sixty dollars.

The house of the apothecary was large; the hall floor was laid with marble; it was well finished and furnished. There was one woman here who had an excellently furnished bedroom up one flight, and a large sitting-room a few doors away to be used in common with another patient when she might come. It was noticed that the patient had the freedom of the apothecary's shop.

In a house of large size opposite the old church in the main square my interpreter said there were "two beautiful ladies." The hostess was a very pleasant appearing woman, with great tact and patience. On the left of the entrance was a large sitting-room or parlor with bare, unpainted floor and a moderate amount of furniture; the wall-paper was of the old style, representing the houses and streets of a town. One of the ladies, thirty-one years old, came in without invitation; she showed her exhilaration by her manner, conversation, and dress. When quiet she had a large bedroom up one flight, with papered walls, unpainted floor, a two-ply rug and a fair amount of furniture. Just at that time, being excited, she was occupying a small room in the rear of the house, in the wall of which over the bed she had broken a large hole; she paid four hundred dollars. While we were in the garden she came running out with her case-book, which had been accidentally left on the table; my guide was obliged to join in the chase and assist in its recovery. The other patient, nineteen years of age, had been there something over a year and paid six hundred dollars. She occupied a small room, in which were two beds, as she was afraid to sleep alone; she was walking quietly in the garden. When the patients were in this large garden, which was in the rear of the house, some one was always present to watch them and it was the custom to lock the front door and hide the key.

In the administration of affairs the medical inspector has the entire charge of the Infirmary and resides in a cottage on the grounds. He makes one daily visit. He also has direction of all the medical work and is expected to see every patient in the colony at least twice a year. To keep himself informed of the progress of affairs he has a daily morning report from each of the six supervisors, and a written weekly report from each of the four assistant physicians; and the medical staff have monthly meetings for conference.

The assistant physicians also live in the main village and thus

are obliged to make long drives in visiting some of their patients; they see all acute cases each week and chronic cases once a month. Dr. Peeters had advised the location of some of the assistants in the outlying hamlets, but this had not been done. The superintendent has a yearly salary of fourteen hundred dollars; the first assistant physician is paid twelve hundred; the second, a thousand; the third and fourth, four hundred and sixty dollars, with lodging for each; and the supervisors two hundred and sixty dollars without lodging. Both physicians and supervisors record the date of their visits in a small book kept for each patient by the family. This book has on the outside the number of the patient; on the inside a page is devoted to name, date and place of birth, residence, date of coming to the colony, etc., — in short, a brief history; the next page shows the name of family and street, date when the patient came, and changes of residence; there usually follow several pages of lists of clothing furnished by the asylum, for which purpose my guide said nine dollars a year could be expended for poor patients. The remainder of the book is devoted to records of visits by doctor and supervisor, — the doctor's always in pencil, "*Vu le, etc.*," followed by initials, — while the supervisors used a stamp with the date only. The most of the books seen showed medical visits of about once a month. The treatment is chiefly moral and great dependence is placed on occupation.

Some of the advantages of this system of caring for the insane are separation from their families and change of scene without such a decided change in their usual manner of life; the good effects of home life, such as the presence of children and association with sane people, instead of with perhaps sicker, more filthy and more demented patients; the greater variety of occupation that can be supplied; and above all, freedom. All who are able are expected to work; both men and women labor in the fields; the men sometimes being paid ten, or if they are very industrious twenty, cents a week; while "the women are given some sweets" as an inducement to their more active assistance. It is said that seventy-two per cent. are employed. They certainly have little protection against the avarice or necessity of the farmer, who may be disposed to get all he can out of them. There is no rule in regard to the number of hours of work. Dr. Peeters said that in some closed asylums six hours was the rule, in others seven. He thought that at Gheel the time for work might be made even longer, especially in summer when there is so much more to be done. He said it was a "difficult" matter to regulate, but they did the best they could; that they



knew the persons who would be likely to exact too much, and that the doctors and supervisors kept as close a watch as they could.

As to freedom, Dr. Bulckens said that nine tenths of the insane at Gheel were entirely free, while Dr. Peeters, in his book,\* says that all are free and then begins to make exceptions. If a man shows a desire to escape, he is not allowed to go about the streets, to work, or to church alone, but always with some one of the family. He is watched, as the Doctor skilfully puts it, not to take his liberty from him, but to prevent its abuse. He said that they did "not like to have young women walk in the fields alone;" they could go to church, but as a rule it was expected that some one should accompany them when they went out. He illustrated by saying that the restrictions for all patients were such as a mother would use for her children and that, except where the relaxing of surveillance would be a crime, the insane were perfectly free. None are allowed, however, to go beyond the limits of the village without special permission.

As to mechanical restraint, he is inclined to think "non-restraint" a dream, the complete realization of which is impossible, but that at Gheel they come nearer to it than Conolly did. When he took charge in 1875, sixty-four out of eight hundred were wearing fetters or hobbles, (anklets connected by a chain), to prevent escape; now the amount of restraint is slight; no one wears the fetters. He said one woman constantly wore mittens because of destructive habits, and occasionally the cottagers applied the belt with mittens or the camisole, but only on medical prescription; and that one must remember, on seeing several cases at the Infirmary, that here were collected the worst cases in the colony, as practically only so many out of the whole number were restrained.

Some try to escape, but if repeated attempts are made the rule of sending to a closed asylum is quite strictly enforced. The escapes for a series of years are as follows: in 1876, eight; in 1877, fourteen; in 1878, seven; in 1879, six; in 1880, seven; in 1881, fourteen; this compares very favorably with some of our large asylums. Most of the escapes happen on Sunday or a holiday, when the family relax their vigilance. It was said that various misfortunes occurred, but that serious accidents were rare, and Dr. Peeters thought that in this respect Gheel would compare favorably with closed asylums. It is doubtful if visitors can ever learn the exact truth about such matters. Since the *hôte* or *nourricier* is responsible for the conduct of his patients and for accidents, it is a question whether the medical inspector hears of many

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\* "*Gheel et Le Patronage Familial.*"

of the lesser occurrences, but one cannot for an instant think that an accidental death, a homicide, suicide or a serious attempt at either, an illegitimate birth, or a fire could occur without the knowledge of the authorities.

A complete account of such accidents cannot be given and they probably are not recorded. Dr. Peeters in his book says there were three accidents in one year; a man got drunk, fell into the canal and was drowned; a woman wandered away and fell into the water not a hundred steps from the door of the house; and a paralytic patient escaped on a cold night and was frozen. In 1878, a woman was killed by accident. It is said that there have been in all but three homicides, the last of a burgomaster in 1844. Unsuccessful attempts have been made; in 1878 a man struck with a scythe a young woman with whom he was working in the fields, but the injury was not fatal; this was the only case of which Dr. Peeters had had personal knowledge.

Between June 1st, 1875, and November 28th, 1879, there were three suicides. Dr. Peeters said that some years there were none, that this year they had been unfortunate, having had two; that neither of these patients was considered suicidal. He was inclined to see what could be done in families with the actively suicidal and had just located one such patient in the village. He said that an illegitimate birth formerly occurred about once in five years, but that there had been two in the last three years; in one case an inhabitant of Gheel was the father, while the other woman escaped and became pregnant outside the commune. He also said that as the village increased in size the morality diminished and that people of bad character came to the place, over whom the asylum had no authority. It appears that Antwerp and Brussels, continuing a former practice, still send what are known as "free boarders" to Gheel, many of whom are really insane and need surveillance. It is a matter of economy for these cities of eleven per cent. in the price of board. In 1880 one of these "free boarders," an imbecile man, was found to be corrupting the morals of the children; another was sent to prison for some months for attempting to violate an insane woman in open day, and a woman became pregnant by another free boarder, and on the birth of the child killed it. The doctor very properly makes a strong plea to have these people put under the care of the asylum if sent to Gheel.

From 1850 to 1880 no fire occurred that could be proved to have been caused by the insane. There was one in the latter year.

As to the results of the treatment at Gheel: One always receives figures showing percentages of cures in asylums or hos-



pitals with considerable allowance. They are merely opinions at the best and one needs to know the man who forms them in order to make a proper estimate of the correctness of his conclusions. What special motive has he to make a favorable showing? In the general hospitals, so far as my observation goes, nearly every patient that can walk out is discharged "recovered," and one need not go back many years to find from sixty to one hundred per cent. of recoveries in those discharged from the asylums for the insane; one therefore places little dependence on statistics showing recoveries at Gheel. Dr. Bulckens for a period of fifteen years, from 1860 to 1875, gives a proportion of recoveries of twenty-five per cent. of all admissions. To one who knows what class of patients are received this estimate seems manifestly too high. Dr. Peeters, considering all admissions from 1853 to 1870, makes twenty-four per cent. of *cured and relieved*, which appears to be a much more reasonable conclusion than that of his predecessor. Out of thirteen hundred and thirty-five resident insane and three hundred and thirteen admissions, he discharged forty-eight "cured" in the year 1878. Because of the rule excluding excited and suicidal patients Gheel is cut off from many curable cases. A very large proportion of those resident in the colony are hopelessly insane and, according to his statement, nearly seventy per cent. are considered incurable at time of admission, as most of them are the overflow from the closed asylums. His estimate of the admissions of the year 1878 is as follows: four and seven-tenths per cent. curable; twenty-eight and one-tenth per cent. doubtful; sixty-seven and two-tenths per cent. hopeless. The deaths each year from 1860 to 1875 are variously reckoned from five to ten per cent., calculated upon the number in the colony the first day of January.

Gheel was never so prosperous as it is to-day under the able management of Dr. Peeters, who believes thoroughly in the system, but is not blind to its defects. During his administration of affairs the medical service has been reorganized, the number of patients has largely increased, and their accommodations have been improved. Though one finds much to criticise, Gheel should be by no means wholly condemned. Dr. Tucker,\* who made his visit in the winter, in order to see the worst, formed a very unfavorable opinion, which he forcibly expressed as follows: "Gheel is an abode of desolation, a lingering survival of remote and barbarous ages, a monstrosity in this nineteenth century, and

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\* "Lunacy in Many Lands."

a humiliating reproach to our modern civilization." It is not indeed a place where a person of refinement and education could be contented and some of the patients from other countries, notably England, would be better off at home ; but Dr. Tucker apparently confounds the system with the civilization and poverty of the people, and had he gone to some of the neighboring places he would no doubt have found them living as they do at Gheel.

It is true that even if the families take as good care of pauper patients as circumstances will permit and give them the best the house affords, still much is left to be desired in the way of comfort, cleanliness, ventilation and other matters of sanitary value. Some important questions also have reference to the kind treatment of the patients and the regulation of the amount of work that may be exacted. With regard to these matters the safety of the patients rests largely in the character of the people with whom they live ; their supervision is most certainly inadequate. The *garde de section*, who was my guide, visited acute cases in his district each week and chronic cases each two weeks. Visits of physicians, as has been said, are once a week for curable and once a month for chronic cases ; thus the families are left largely to themselves, and the certainty of securing kind treatment and the regulation of the work of patients are not only "difficult" but impossible, so far as supervision is concerned. To be sure, kind and proper care is not always secured by espionage and it may be that the patients are as well treated as they would be by the nurses in a closed asylum, and perhaps also quite as well as if in their own homes ; for it must be said that relatives are not always to be commended for the kindly care which they give the unfortunate members of their families, and that superintendents of closed asylums have not yet reached the point where they can feel entirely safe concerning the care of their patients.

The essential qualification of a *hôte, nourricier*, or nurse is a kindly, patient disposition, and to this should be added intelligence which has been well instructed. Certainly there were some at Gheel who appeared well fitted for their work, but only an intimate knowledge of the people would enable one to give a competent opinion on such a matter.

To one accustomed to make visits twice daily on all cases, acute and chronic, the rule for medical visits at Gheel seems lax indeed, and it must be presumed that visits to certain sicker patients are made when necessary and at the discretion of the physician.

The liberty which these people enjoy is not as absolute as some suppose ; it is just what one might expect it to be, what it always



must be, viz., according to the condition of the patient. But this relative amount of liberty is a great satisfaction to those who have sufficient intelligence to appreciate it, and certainly no sick person should be deprived of as much freedom as he can have with safety to himself and others. The thoroughly demented and idiotic at Gheel should be sent to a closed asylum; liberty is nothing to them; a bathtub would be infinitely more.

No one claims that all insane can be cared for in this way; the ordinary asylum must still continue to receive the great mass of pauper patients in all countries, especially during the acute stage of the disease, *but with a proper selection of cases and of families, and with proper supervision* it is a very good way to care for a small class of the insane.







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